	<p align="center"><b>STATE OF MICHIGAN</b>  <b>DEPARTMENT OF COMMUNITY HEALTH</b></p> <p align="center"><b>MDCH /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT</b></p>	<b>ATTACHMENT</b>
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## 1.0 General Report Overview

*Effective April 1, 2015, Executive Order 2015-4 created the Department of Health and Human Services (DHHS). The Executive Order also abolished the Michigan Department of Community Health (MDCH) and the Michigan Department of Human Services (MDHS). Except as otherwise provided in Section XIII of the Executive Order, after the effective date of the Order, statutory and legal references to the MDHS, the MDCH of all predecessor departments, are deemed references to the DHHS.*

*The fiscal year 2015 contract was executed between MDCH and the PIHP/CMHSPs. As such, the financial planning, reporting and settlement forms and instructions will reference MDCH. Reference to DHHS will begin with the fiscal year 2016 reporting.*

The General Fund Contract Reconciliation and Cash Settlement (CRCS) worksheet provides a mechanism to close out the financial components of the Managed Mental Health Supports and Services Contract (contract). The worksheet will be used in evaluating any remaining financial obligations due to the Community Mental Health Services program (CMHSP) or the Michigan Department of Community Health (MDCH). The financial information reflected in the report should represent revenue and expenditures on an accrual basis of accounting through the fiscal year (FY) ending September 30<sup>th</sup> and recorded as specified in the contract.

The CRCS worksheet will be utilized in tandem with the General Fund Contract Settlement Worksheet. The General Fund Contract Settlement Worksheet will be utilized to evaluate contract authorization to payments received by the CMHSP, identify the maximum general fund (GF) carry-forward, verification that prior year GF carry-forward has been utilized or has approval from the MDCH to utilize in a future fiscal year, and settles the categorical funding arrangements outlined in the contract. Please refer to the instructions for the General Fund Contract Settlement Worksheet for further details.

The CRCS worksheet summarizes the resources and expenditures associated to the contract, the disposition of funding (surplus/deficit) and the cash settlement of the contract.


## 2.0 Report - Due Dates

Refer to the reporting grid incorporated in Attachment C.6.5.1.1 of the Contract for identification of report due dates. The reporting grid can be found on the MDCH website: [http://www.michigan.gov/mdch/0,4612,7-132-2941\\_38765---,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2941_38765---,00.html)

## 3.0 Report Submission

### 3.1 Report Submitted via US Mail

This is no longer applicable. Electronic report submission required.

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### 3.2 Report Submission – Electronic

The report should be submitted electronically to the department by the due date identified in 2.0 above at [MDCH-MHSA-Contracts-MGMT@michigan.gov](mailto:MDCH-MHSA-Contracts-MGMT@michigan.gov).

The report's file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission. Example: For the FY 15 Year End Interim submitted from network180 for the General Fund CRCS, the file name should read **FY15 Year End Interim network180 FSR Bundle 11-10-2015**.

Note: The General Fund CRCS is included in the FSR Bundle. It is not a stand-alone report.

Refer to the Electronic Report Submission Guidelines for report submission specifications.

## 4.0 Report Specific Navigation or Terminology

The CRCS worksheet includes cell shading to assist the end user with completion of the form.

Worksheet headers are shaded in light green.

Cells requiring data entry are shaded in yellow.

Cells that are formula driven and should not have data entered are not shaded. Worksheet protection has been enabled.

Precision as displayed functionality has been enabled. As such, Excel will utilize the displayed value instead of the stored value when it recalculates formulas.

The term "Submission Type" on the worksheet refers to the reporting period. i.e., Interim, Final, Projection.


Column headings are specific to each section of the worksheet and may change from section to section. The column headings are shaded to assist in identification.

## 5.0 Instructions for Completion of the Report

The CMHSP name, Fiscal Year, Submission Type and Submission Date have been brought forward from the FSR –All Non Medicaid.

### 5.1 Section 1 – General Fund Services – Available Resources

This section represents the available resources for the services provided and authorized in the contract for the fiscal year being settled.

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**Section 1.a – CMH Operations (FSR B 101)**

This cell represents the total of the funding authorized in the contract for CMH Operations. The cell is formula driven. The formula is *plus the FSR All Non-Medicaid row B 101*.

**Section 1.b – Categorical (FSR B 102)**

This cell represents the total of the funding authorized in the contract for specific purposes, projects and/or target populations. These funds are commonly referred to as categorical. The cell is formula driven. The formula is *plus the FSR All Non-Medicaid row B 102*.

**Section 1.c – State Services (FSR B 103)**

This cell represents the total of the funding authorized in the contract for the purchase of state services (State Facility). The cell is formula driven. The formula is *plus the FSR All Non-Medicaid row B.103*.

**Section 1.d – Sub-Total General Fund Contract Authorization**

This cell represents the total of GF authorized in the contract with the MDCH. This cell is formula driven. The formula is *the sum of CMH Operations (1.a), Categorical (1.b) and State Services (1.c)*.

**Section 1.e – 1<sup>st</sup> & 3<sup>rd</sup> Party Collections (FSR B 121 + B 122)**


The CMHSP is the payer of last resort and has the responsibility to identify and seek recovery from all other parties for services provided to recipients. This cell represents the total of the funding available from 1<sup>st</sup> and 3<sup>rd</sup> party collections that are not included in the Special Fund Account authorized in Section 226a (PA 423) of the Mental Health Code (MHC). The cell is formula driven. The formula is *plus FSR All Non-Medicaid rows B 121 and B 122*.

**Section 1.f – Prior Year GF Carry-Forward (FSR B 123)**

This cell represents the total of the amount of carry-forward funding available from the previous FY earned under section 226 (2)(c) of the MHC. This amount should reconcile with the prior FY issued cost settlement. Any variance from the prior year settlement must be described in the “Narrative” section on the GF Contract Settlement worksheet (Section 3). The cell is formula driven. The formula is *plus the FSR All Non-Medicaid row B 123*.

*FY 16: In Fiscal Year 16 this row will represent the combination of GF Prior Year Carry-Forward and Prior Year Mental Health Innovation Grant Carry-Forward.*

**Section 1.g – Intentionally left blank**

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**Section 1.h – Redirected CMHSP to CMHSP Contracts (FSR B 313)**

This cell represents the total of the amount of funding available from the CMHSP to CMHSP Contracts utilized in support of current year expenditures. Any surplus funding from CMHSP to CMHSP contracts entered here must be associated to consumers who are not Medicaid eligible. The cell is formula driven. The formula is *plus the FSR All Non-Medicaid row B 313*.

**Section 1.i – Redirected Non-MDCH Earned Contracts (FSR B 314)**

This cell represents the total of the amount of funding available from the Non-MDCH Earned Contracts utilized in support of current year expenditures. Any surplus funding from Non-MDCH Earned Contracts entered here must be associated to consumers who are not Medicaid eligible. The cell is formula driven. The formula is *plus the FSR All Non-Medicaid row B 314*.

**Section 1.j – Sub-Total Other General Fund Resources**

This cell represents the sub-total of other GF resources available to fund current year expenditures. This cell is formula driven. The formula is the *sum of 1<sup>st</sup> & 3<sup>d</sup> Party Collections (1.e), Prior Year GF Carry-Forward (1.f), intentionally left blank (1.g), Redirected CMHSP to CMHSP Contracts (1.h) and Redirected Non-MDCH Earned Contracts (1.i)*.

**Section 1.k – Local 10% Associated to 90/10 Services (FSR M 201)**


As defined in the MHC Chapter 3, Section 330.1302, except as otherwise provided in Chapter 3 or subsection (2), a county is financially liable for 10% of the net cost of any service that is provided by the department, directly or by contract, to a resident of that county. The cell is formula driven. The formula is *plus FSR All Non-Medicaid row M 201*.

**Section 1.l – Local 10% Match Cap Adjustment (FSR M 203)**

Within certain conditions, Section 330.1308(2) of the MHC limits the amount of local match required of a community mental health authority to the amount of local match provided in the year that the program became a community mental health authority. Enter, as a negative, the amount of local funding that is not being utilized due to the CMHSP invoking Section 330.1308(2) of the MHC. The cell is formula driven. The formula is *plus FSR All Non-Medicaid row M 203*.

**Section 1.m – Sub-Total Local 10% Associated to 90/10 Services**

This cell represents the sub-total of Local 10% funding associated to 90/10 services. This cell is formula driven. The formula is the *sum of Local 10% Associated to 90/10 Services (1.k) and Local 10% Match Cap Adjustment (1.l)*

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### **Section 1.n – Total General Fund Services - Resources**

This cell represents the total GF services resources available to fund current year expenditures. This cell is formula driven. The formula is the *sum of Sub-Total General Fund Contract Resources (1.d), Sub-Total Other General Fund Resources (1.j) and Sub-Total Local 10% Associated to 90/10 Services (1.m).*

## **5.2 Section 2 – General Fund Services - Expenditures**

This section represents the expenditures for services provided and authorized in the contract for the fiscal year being settled.

There are two columns within Section 2. The first column is labeled “90/10 – Local Cap” and will only be used to reflect the gross amount of 90/10 services and the adjustments to Local 10% match. The second column is labeled “Expenditures” and will be the column used to report all expenditures unless instructions specifically instruct entry into the 90/10 – Local Cap column.

### **Section 2.a – 100% MDCH Matchable Services (FSR B 201)**

This cell represents the total of the amount of expenditures eligible for 100% state funding including the total in-home cost for specialized residential services started and/or transferred to CMHSP operations after March 30, 1981. In addition, any other expenditure for services authorized at 100% state match must be reported here. The cell is formula driven. The formula is *plus the FSR All Non-Medicaid row B 201.*

### **Section 2.b – 100% MDCH Matchable Services – CMHSP Local Match Cap (FSR B 202)**


This cell represents the total of the amount of expenditures eligible for 100% state funding due to the CMHSP invoking 330.1308 (2) of the MHC. The cell is formula driven. The formula is *plus the FSR All Non-Medicaid row B 202.*

### **Section 2.c – 90/10% Matchable Services (FSR B 203 Column A)**

This cell represents the total of, in the 90/10 – Local Cap column, the amount of expenditures eligible for 90% state funding as indicated in Section 330.1308 of the MHC. The cell is formula driven. The formula is *plus the FSR All Non-Medicaid row B 203 Column A.*

### **Section 2.d – Local 10% Match Cap Adjustment (FSR M 203)**

When a CMHSP invokes Section 330.1308 of the MHC and limits the local match required, there is a shift of funding between local and 100% GF. Therefore, it is necessary to shift the equivalent amount from 90/10 to 100%.

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**Column: 90/10 – Local Cap**

This cell represents the total of, as a negative, the amount of expenditures that will be funded with state funding due to the CMHSP invoking 330.1308(2) of the MHC. The cell is formula driven. The formula is *plus the FSR All Non-Medicaid M 203*.

**Column: Expenditures**

This cell represents the net 90/10 service expenditures for the current FY. The cell is formula driven. The formula is *90/10 MDCH Matchable Services (2.c) plus the negative amount of Local 10% Match Cap Adjustment (2.d Column 90/10 – Local Cap)*.

**Section 2.e – State Services (FSR B 204)**

This cell represents the total of the amount of expenditures related to the purchase of state services (State Facility).

Note:

- 1) Expenditures for community-based services funded with State Services authorization should not be reported in this row but in other rows as appropriate to the expenditures, and
- 2) Administrative costs are not to be included

The cell is formula driven. The formula is *plus the FSR All Non-Medicaid row B 204*.

**Section 2.f – Intentionally left blank**


**Section 2.g – Sub-Total General Fund Services – Expenditures**

This cell represents a sub-total of GF contract expenditures prior to any redirections to fund other services. This cell is formula driven. The formula is *the sum of 100% MDCH Matchable Services (2.a), 100% MDCH Matchable Services – CMHSP Local Match Cap (2.b), 90/10% MDCH Matchable Services (2.c), Local 10% Match Cap Adjustment (2.d), State Services (2.e) and Intentionally left blank (2.f)*.

**Section 2.h – GF Supplement for Unfunded Medicaid (PIHP Use Only) (B 301)**

This cell represents the total of the amount of expenditures where GF funds are being utilized to supplement the funding available for Medicaid costs. Prior approval from the MDCH is required prior to any GF being utilized to fund Medicaid costs. The cell is formula driven. The formula is *less the converse of the amount reflected on the FSR All Non-Medicaid row B 301*.



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**Section 2.i – GF Supplement for Unfunded Healthy Michigan (PIHP Use Only) (B301.1)**

This cell represents the total of the amount of expenditures where GF funds are being utilized to supplement the funding available for Healthy Michigan costs. The cell is formula driven. The formula is *less the converse of the amount reflected on the FSR All Non-Medicaid row B 301.1.*

**Section 2.j – GF Supplement for SUD (Non-Medicaid) Services (PIHP Use Only) (B 301.2)**

This cell represents the total of the amount of expenditures where GF funds are being utilized to supplement the cost of services associated to the SUD (Non-Medicaid) services. All expenditures entered here must be associated to consumers who are not Medicaid eligible. The cell is formula driven. The formula is *plus the converse of the amount reflected on the FSR All Non-Medicaid row B 301.2.*

**Section 2.k – GF Supplement for Unfunded MI Health Link (PIHP Use Only) – (FSR B 301.3)**

This cell represents the total of the amount of expenditures where GF funds are being utilized to supplement the funding available for the MI Health Link (Medicare services). The cell is formula driven. The formula is *plus the converse of the sum of FSR All Non-Medicaid rows B 301.3.*

**Section 2.l – GF Supplement for Unfunded Health Home Services (PIHP Use Only) (B 301.4)**


This cell represents the total of the amount of expenditures where GF funds are being utilized to supplement the cost of Health Home Services provided by the PIHP. The cell is formula driven. The formula is *less the converse of the amount reflected on the FSR All Non-Medicaid row B 301.4.*

**Section 2.m – GF Supplement for Mental Health Innovation Grant (B 302)**

This cell represents the total of the amount of expenditures where GF funds are being utilized to supplement the funding available for the Mental Health Innovation Grant for the cost of providing services as authorized in the Mental Health Innovation Grant. The cell is formula driven. The formula is *plus the converse of the amount reflected on the FSR All Non-Medicaid rows B 302.*

**Section 2.n – GF Supplement / Match for SED (B 305 + B 306 + B 307)**

This cell represents the total of the amount of expenditures where GF funds are being utilized to match the fee for service SED waiver federal reimbursement and supplement the cost of providing SED waiver services. The cell is formula driven. The formula is *plus the converse of the sum of FSR All Non-Medicaid rows B 305, B 306, and B 307.*

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#### **Section 2.o – GF Supplement for Children’s Waiver (B 308)**

This cell represents the total of the amount of expenditures where GF funds are being utilized to supplement the cost of providing Children’s Waiver services. The cell is formula driven. The formula is *plus the converse of the amount reflected on the FSR All Non-Medicaid row B 308.*

#### **Section 2.p – GF Supplement for Injectable Medications (B 309)**

This cell represents the total of the amount of expenditures where GF funds are being utilized to supplement the cost of injectable medications. The cell is formula driven. The formula is *plus the converse of the amount reflected on the FSR All Non-Medicaid row B 309.*

#### **Section 2.q – GF Supplement for PIHP to Affiliate Medicaid Services Contracts (B310)**

This cell represents the total of the amount of expenditures where GF funds are being utilized to supplement the cost of services under PIHP to Affiliate Medicaid Services contracts. Prior approval from the MDCH is required prior to any GF being utilized to fund Medicaid costs. The cell is formula driven. The formula is *less the converse of the amount reflected on the FSR All Non-Medicaid row B 310.*

#### **Section 2.r – GF Supplement for PIHP to Affiliate SUD (Non-Medicaid) Services Contracts (B 310.1)**


This cell represents the total of the amount of expenditures where GF funds are being utilized to supplement the cost of services under PIHP to Affiliate SUD (Non-Medicaid) Services contracts. All expenditures entered here must be associated to consumers who are not Medicaid eligible. The cell is formula driven. The formula is *less the converse of the amount reflected on the FSR All Non-Medicaid row B 310.1*

#### **Section 2.s – Intentionally left blank**

#### **Section 2.t – GF Supplement for PIHP to Affiliate Health Home Services Contracts (B 310.3)**

This cell represents the total of the amount of expenditures where GF funds are being utilized to supplement the cost of services under PIHP to Affiliate Health Home Services contracts. The cell is formula driven. The formula is *less the converse of the amount reflected on the FSR All Non-Medicaid row B 310.3.*



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**Section 2.u – GF Supplement for PIHP to Affiliate MI Health Link Services Contracts (B310.4)**

This cell represents the total of the amount of expenditures where GF funds are being utilized to supplement the cost of services under PIHP to Affiliate MI Health Link Services Contracts. Prior approval from the MDCH is required prior to any GF being utilized to fund MI Health Link costs. This cell is formula driven. The formula is *less the converse of the amount reflected on the FSR All Non-Medicaid row B 310.4*.

**Section 2.v – GF Supplement for CMHSP to CMHSP Contracts (B 312)**

This cell represents the total of the amount of expenditures where GF funds are being utilized to supplement the cost of services under CMHSP to CMHSP contracts. All expenditures entered here must be associated to consumers who are not Medicaid eligible. The cell is formula driven. The formula is *plus the converse of the amount reflected on the FSR All Non-Medicaid row B 312*.

**Section 2.w – Sub-Total General Fund Services Supplement – Expenditures**


This cell represents the total GF contract expenditures, that were funded with GF, but are associated to other services authorized in the contract(s) with the MDCH / PIHP. This cell is formula driven. The formula is the *sum of GF Supplement for Unfunded Medicaid (PIHP Use Only) (2.h), GF Supplement for Unfunded Healthy Michigan (PIHP Use Only) (2.i), GF Supplement for SUD (Non-Medicaid) Services (PIHP Use Only) (2.j), GF Supplement for Unfunded MI Health Link (PIHP Use Only) (2.k), GF Supplement for Unfunded Health Home Services (PIHP Use Only) (2.l), GF Supplement for Mental Health Innovation Grant (2.m), GF Supplement / Match for SED (2.n), GF Supplement for Children's Waiver (2.o), GF Supplement for Injectable Medications (2.p), GF Supplement for PIHP to Affiliate Medicaid Services Contracts (2.q), GF Supplement for PIHP to Affiliate SUD (Non-Medicaid) Services Contracts (2.r), Intentionally Left Blank (2.s), GF Supplement for PIHP to Affiliate Health Home Contracts (2.t), GF Supplement for PIHP to Affiliate MI Health Link Services Contracts (2.u), and GF Supplement for CMHSP to CMSHP Contracts (2.v)*.

**Section 2.x – Total General Fund Services - Expenditures**

This cell represents the total GF services expenditures. This cell is formula driven. The formula is the *Sub-Total General Fund Services – Expenditures (2.g) plus Sub-Total General Fund Services Supplement – Expenditures (2.w)*.

**5.3 Section 3 – Summary of Resources / Expenditures**

This section summarizes the Total General Fund Services – Resources and Total General Fund Services – Expenditures for calculation of a sub-total of the contract surplus or deficit. The amount of forced lapse is then applied to calculate the net contract surplus or deficit.

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### **Section 3.a – Total General Fund Services - Resources**

This cell represents the total GF services resources available to fund current year expenditures. This cell is formula driven. The formula is *plus Total General Fund Services – Resources (1.n)*.

### **Section 3.b – Total General Fund Services – Expenditures**

This cell represents the total GF services expenditures. This cell is formula driven. The formula is *plus Total General Fund Services – Expenditures (2.x)*.

### **Section 3.c – Sub-Total General Fund Services Surplus (Deficit)**

This cell represents the difference between available resources and expenditures. The result indicates whether there is a funding surplus or deficit. The cell is formula driven. The formula is *plus Total General Fund Services – Resources (3.a) less Total General Fund Services – Expenditures (3.b)*.

### **Section 3.d – Less: Forced Lapse to MDCH**

This cell represents the amount that must be lapsed back to the MDCH. Typically, forced lapse represents unspent categorical funding provided to the CMHSP by the MDCH for a specific purpose, project, and/or target population. The cell is formula driven. The formula is *plus General Fund Contract Settlement Worksheet Section 5.f, total row, Lapse column*. The amount of forced lapse will be displayed as a negative amount.

### **Section 3.e – Net General Fund Services Surplus (Deficit)**

This cell represents the net GF surplus or deficit after taking into consideration the available resources, expenditures and the forced lapse amount. The cell is formula driven. The formula is *the sum of Sub-Total General Fund Services Surplus (Deficit) (3.c) and Less: Forced Lapse to MDCH (3.d)*.

## **5.4 Section 4 – Disposition**


This section represents the disposition of the contract surplus or contract deficit. For any contract surplus, the section will identify whether a GF carry-forward was earned and/or whether there was lapse to the MDCH. For any contract deficit, this section will identify whether the deficit was funded with local.

### **Section 4.a – Surplus**

This row is the label SURPLUS.

### **Section 4.b – Transfer to Fund Balance – GF Carry-Forward Earned**

This cell represents the earned GF carry-forward for the current contract. The cell is formula driven. The formula is an IF/THEN/ELSE statement with another IF/THEN/ELSE statement embedded. To assist with comprehension listed first will be the “common language” describing what the IF/THEN/ELSE statement will accomplish followed by the actual statement.

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Basically, it is first being determined whether there is a GF surplus. If there isn't a surplus than enter a zero. If there is a GF surplus than limiting the amount of GF carry-forward to the maximum amount allowed per the contract. The amount of the transfer to fund balance will be displayed as a negative; thus showing how the CMHSP is disposing of the "positive" surplus identified on 3.e – Net General Fund Services Surplus (Deficit).

The IF/THEN/ELSE statement is as follows: *IF the Net General Fund Services Surplus (Deficit) is less than or equal to zero, THAN zero, ELSE (IF Total Current Year Maximum Carry-Forward from the GF Contract Settlement Worksheet is greater than the Net General Fund Services Surplus (Deficit), THAN Net General Fund Services Surplus Deficit times negative one, ELSE Total Current Year Maximum Carry-Forward from the GF Contract Settlement Worksheet times negative one).* Section cell references have been left off intentionally to aid in comprehension of the statement.

#### **Section 4.c – Lapse to MDCH – Contract Settlement**

This cell represents the contract settlement lapse to the MDCH. The cell is formula driven. The formula is an IF/THEN/ELSE statement. The statement is as follows: *IF Net General Fund Services Surplus (Deficit) is less than or equal to zero, THAN zero, ELSE (Net General Fund Services Surplus (Deficit) plus Transfer to Fund Balance – GF Carry-Forward Earned) times negative one.*

The amount of the lapse to the MDCH will be displayed as a negative; thus showing how the CMHSP is disposing of the "positive" surplus identified in Section 3.e – Net General Fund Services Surplus (Deficit).

#### **Section 4.d – Total Disposition – Surplus**


This cell is formula driven. The result indicates the total amount of GF surplus that the CMHSP had to account for. The amount will be displayed as a negative; thus showing how the CMHSP is disposing of the "positive" surplus identified in Section 3.e – Net General Fund Services Surplus (Deficit). The Net General Fund Surplus identified in Section 3.e should be offset by the amount displayed in this cell. The formula is the *sum of Transfer to Fund Balance – GF Carry-Forward Earned (4.b) and Lapse to MDCH – Contract Settlement (4.c).*

#### **Section 4.e – Deficit**

This row is the label Deficit.

#### **Section 4.f – Redirected from Local (FSR B 331)**

This cell represents the amount of local funds being utilized to fund all or a portion of the Net General Fund Services Deficit identified in Section 3.e. This cell is formula driven. The formula is *plus FSR All Non-Medicaid row B 331.*

	<p style="text-align: center;"><b>STATE OF MICHIGAN</b>  <b>DEPARTMENT OF COMMUNITY HEALTH</b></p> <p style="text-align: center;"><b>MDCH /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT</b></p>	<b>ATTACHMENT</b>
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The amount of funds redirected from local will be displayed as a positive number; thus showing how the CMHSP is disposing of the “negative” deficit identified in Section 3.e – Net General Fund Services Surplus (Deficit).

#### **Section 4.g – Redirected from ISF (FSR B 332)**

This cell represents the amount of funding being redirected to cover any cost over runs associated to the GF Contract. This cell is formula driven. The formula is plus *Section B – General Fund – FROM Risk Corridor (B 332)*.

Note: Only Stop/Loss Insurance may be used to fund cost over runs associated to the GF Contract.

#### **Section 4.h – Total Disposition – Deficit**

This cell is formula driven. The result indicates the total amount of GF deficit that the CMHSP had to account for. The amount will be displayed as a positive; thus showing how the CMHSP is disposing of the “negative” deficit identified in Section 3.e – Net General Fund Services Surplus (Deficit). The Net General Fund Deficit identified in Section 3.e should be offset by the amount displayed in this cell. The formula is the *sum of Redirected from Local (4.f) and Redirected from Risk Corridor (4.g)*.

### **5.5 Section 5 – Cash Settlement: (Due MDCH) / Due CMHSP**

This section identifies cash due the MDCH or the CMHSP.

#### **Section 5.a – Forced Lapse to MDCH**

The amount in this cell represents the forced lapse to the MDCH. This cell is formula driven. The formula is *plus Less: Forced Lapse to MDCH (Section 3.d)*.

#### **Section 5.b – Lapse to MDCH – Contract Settlement**


The amount in this cell represents the lapse to the MDCH based on the contract settlement. This cell is formula driven. The formula is *plus Lapse to MDCH – Contract Settlement (Section 4.c)*.

#### **Section 5.c – Return of Prior Year General Fund Carry-Forward**

Earned General Fund Carry-Forward from the prior FY should be used as first source. If for any reason the earned GF carry-forward was not utilized and the CMHSP does not have the MDCH approval to retain, enter the amount of GF carry-forward that must be returned to the MDCH. This amount should be entered as a negative amount.

#### **Section 5.d – Purchase of State Services (POSS)**

This row should reflect any amounts due the MDCH or the CMHSP for the purchase of state services (State Facility). The amount entered should reconcile to the amount indicated as balance due (MDCH) / CMHSP in Section 2.2 of the Purchase of State Services (POSS) & Local Costs, Reconciliation & Cash Analysis worksheet. Enter any amount due the MDCH as a negative. Enter any amount due the CMHSP as a positive.

	<p style="text-align: center;"><b>STATE OF MICHIGAN</b>  <b>DEPARTMENT OF COMMUNITY HEALTH</b></p> <p style="text-align: center;"><b>MDCH /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT</b></p>	<b>ATTACHMENT</b>
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#### **Section 5.e – Contract Authorization – Late Amendment**

The amount in this cell represents any amounts due the MDCH or the CMHSP related to the contract authorization. The cell is formula driven. The formula is *plus Amount Due CMHSP / (MDCH) Cash Settlement from Section 1.d of the General Fund Contract Settlement Worksheet.*

#### **Section 5.f – Local Costs for State Provided Services**

This row should reflect any amounts due to the MDCH or the CMHSP for the Local Costs of State Provided Services. The amount entered should reconcile to the amount indicated as balance due (MDCH)/CMHSP in Section 3.2 of the Purchase of State Services (POSS) & Local Costs, Reconciliation & Cash Settlement worksheet. Enter the amount due the MDCH as a negative. Enter any amount due the CMHSP as a positive.

#### **Section 5.g – Misc.: (please explain)**

This row should reflect any amounts due the MDCH or the CMHSP that have not been specifically addressed elsewhere in the CRCS. Enter any amount due the MDCH as a negative. Enter any amount due the CMHSP as a positive.

If the narrative space available on this line is insufficient, please utilize the space available in Section 5 on the General Fund Contract Settlement Worksheet.

#### **Section 5.h – Total Cash Settlement: (Due MDCH) / Due CMHSP**


This section represents the total amount due the MDCH or the CMHSP. The cell is formula driven. The formula is the *sum of Forced Lapse to MDCH (5.a), Lapse to MDCH – Contract Settlement (5.b), Return of Prior Year General Fund Carry-Forward (5.c), Purchase of State Services (5.d), Contract Authorization – Late Amendment (5.e), Local Costs for State Provided Services (5.f), and Misc. (5.g).*

### **5.6 Section 6 – General Fund MDCH Commitment**

This section of the report recaps the amount of funding committed by the MDCH for the FY being settled.

#### **Section 6.a – MDCH/CMHSP Contract Funded Expenditures**

This section recaps the MDCH funding commitment based on contract expenditures. This section is formula driven. The formula is *plus Sub-Total General Fund Contract Resources (1.d), plus the negative representation of Transfer to Fund Balance – GF Carry-Forward Earned (4.b), plus the negative representation of Forced Lapse to MDCH (3.d), plus the negative representation of Lapse to MDCH – Contract Settlement (4.c).*

	<p align="center"><b>STATE OF MICHIGAN</b>  <b>DEPARTMENT OF COMMUNITY HEALTH</b></p> <p align="center"><b><i>MDCH /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT</i></b></p>	<b>ATTACHMENT</b>
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#### **Section 6.b – Earned General Fund Carry-Forward**

This section recaps the amount of GF Carry-Forward earned. This section is formula driven. The formula is *less the negative representation of the Transfer to Fund Balance – GF Carry-Forward (4.b)*.

#### **Section 6.c – Total MDCH General Fund Commitment**

This section recaps the total GF Contract commitment. This section is formula driven. The formula is *MDCH/CMHSP Contract Funded Expenditures (6.a) plus Earned General Fund Carry-Forward (6.b)*.

### **5.7 Section 7 – Report Certification**

Effective with version 2013-2, the certification of the CRCS should be completed utilizing the Report Certification form. Please refer to the Report Certification & Electronic Report Submission Guidelines.